Glossary of Terms

Abuse - mental, physical or sexual practices or incidents that intentionally inflict life-threatening physical/mental harm, cause wrongful death, or serious bodily injury as a result of negligent acts, omissions, result in unreasonable or inappropriate confinement. Abuse may also include practices that are inconsistent with sound medical, business and/or fiscal practices that directly or indirectly result in illegal, unnecessary or inappropriate costs to the Program. Abuse may also result in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care.

AC – Attendant Care provides assistance with homemaking, personal care, general supervision, and companionship provided in the member's home.

ACH - Adult Care Homes

Acute – An unexpected or sudden onset of illness or injury.

ADC – Adult Day Care

ADHS - Arizona Department of Health Services

AFC – Adult Foster Care

AFDC - Aid to Families with Dependent Children

AHCCCS - The Arizona Health Care Cost Containment System. Comprised of AHCCCSA, contractors, and other arrangements through which health care services are provided to eligible persons as defined by Arizona Revised Statutes. AHCCCS uses a competitive bid process to select prepaid health plan contractors to provide AHCCCS covered services to eligible members.

AHCCCSA - The Arizona Health Care Cost Containment System Administration. A state agency that acts as the contracting and regulatory body for the State of Arizona and Health and Human Services/Health Care Financing Administration (HCFA) for state and federal funded health care programs.

ALTCS - Arizona Long Term Care System. A State and Federally funded program administered by AHCCCSA. Provides long term, acute, and behavioral health care to eligible members.

Appeals – a request for a standard or expedited reconsideration of the denial of a requested service or payment of a service.

Authorization - (Also, "prior authorization") An administrative process whereby MIHS-HP prospectively reviews requested services to determine medical necessity and appropriateness.

Glossary of Terms cont.

Auto Assignment - An automated method of enrolling AHCCCS eligible members to a contractor.

BBA – Balanced Budget Act.

Billed Charges - Charges billed by a provider for rendering services to a MIHS-HP member.

Board Certified - A physician who successfully completed required residency in an approved training facility and meets, or is in the process of meeting, the experience requirements for examination.

Capitation - A prepaid, periodic payment to providers, based upon the number of assigned members, that is made to a provider for providing covered services for a specific period.

Categorically Eligible - Individuals who are eligible for Medicaid services and who meet federal eligibility requirements.

CCM – Certified Case Manager

CHC – Comprehensive Health Center. A MIHS-HP primary/specialty care center.

Copayment - The amount a member pays directly to the participating health care provider at the time covered services are provided. Copayments should be collected prior to providing services.

CM – Case Manager

DES - Arizona Department of Economic Security

DHS - Arizona Department of Health Services

Discharge Planning - Identification of the need and provision for a member's health care needs after discharge from the hospital or skilled nursing setting.

Disenrollment - The discontinuance of a member's right to receive covered services from a Contractor.

DME - Durable Medical Equipment. An item that can withstand repeated use, such as hospital beds, wheelchairs, walkers, and crutches.

DOS – Date of service(s)

Emergency Alert System – Provides 24-hour access to emergency help.

Glossary of Terms cont.

Emergency Dental Services - Services and procedures needed to eliminate acute infection, prevent pulpal death and related imminent tooth loss, treat injuries to teeth or supportive structures or provide palliative therapy for pericoronitis associated with impacted teeth.

Emergency Medical Services - Services provided after a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be expected to result in seriously jeopardizing health, impairment of bodily functions, or disfunction of any bodily organ/part.

Encounter - A record of medical services provided by a contracted provider to a member. **All MIHS-HP providers are required to report ALL service encounters to the health plan, including prepaid services.**

Enrollment - The process by which a person becomes a member of the health plan.

EOB – Explanation of Benefits

EPSDT Services - Early and **P**eriodic **S**creening, **D**iagnosis and **T**reatment is a federally mandated program that all providers must participate. EPSDT is for all assigned AHCCCS members under the age of twenty-one (21) years in accordance with the AHCCCS EPSDT Periodicity Schedule.

ESRD – End Stage Renal Disease

Fee-for-Service - A method of payment to contracted providers on an amount-per-service basis.

FHC – Family Health Center.

Formulary - A listing of routinely covered medications.

Fraud - deliberate deception or misrepresentation made by a person with the intention of obtaining an unauthorized benefit from the Program for the individual or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

GACCP – Greater Arizona Central Credentialing Program

Gatekeeper - Primary care provider who is responsible for all medical treatment rendered. The Gatekeeper makes referrals as necessary and monitors the member's treatment.

Grievance - A complaint concerning an adverse action, decision, or policy by a contractor, sub-contractor, non-contracted provider, County, or the Administration, presented by an individual or entity.

Glossary of Terms cont.

HCBS – Home and Community Based Services. Care provided in a non-institutionalized setting. Examples include the member's home or Adult Foster Care.

HCFA - Health **C**are **F**inancing **A**dministration, an organization within the Department of Health and Human Services - a Federal agency.

HCFA 1500 - A form used to report all outpatient medical service encounters and claims.

High Risk Pregnancy - Broadly defined as a pregnancy that the mother, fetus, or newborn is, or will be, at increased risk for morbidity or mortality before or after delivery.

Home Adaptations and Repair – provides minor environmental modifications to the member's home.

Home Delivered Meals – provides meals to members at their homes up to seven days per week

Home Health Care (Home Health Services) - Medical care services provided in the home, often by a visiting nurse, usually for members with chronic disease or disability, or for recovering or aged homebound members.

Homemaker Services – Provides assistance with daily living activities, such as cleaning, shopping, meal preparation and laundry.

Hospice – Provides care and counseling for the terminally ill and their families.

JCAHO – Joint Commission on Accreditation of Healthcare Organizations

MCHP – Maricopa County Health Plan

Medicaid - A federal/state program under Title XIX of the Social Security Act providing federal matching grants, at state's option, for a medical assistance program for recipients of federally aided public assistance and SSI benefits and medically indigent.

Medically Necessary - Covered services required to preserve and maintain the health status of a member, according to AHCCCS (or other applicable regulatory entities), and subject to review and concurrence by MIHS-HP Medical Director.

Medicare - A federal program under Title XVIII of the Social Security Act that provides health insurance for persons aged sixty-five (65) and older and for other specified groups. Part A – hospitalization and is compulsory; Part B – outpatient services and is voluntary.

Member - Any person enrolled in the Plan as a subscriber or dependent.

MHP – Maricopa Health Plan

Glossary of Terms cont.

MLTCP – Maricopa Long Term Care Plan

MMC – Maricopa Medical Center

MIHS-HP - Maricopa Integrated Health Systems

MN/MI - Medically Needy/Medical Indigent. Eligibility categories funded by the State and counties; eligibility determinations are done by counties according to AHCCCS standards.

MSSP – Maricopa Senior Select Plan

Nursing Services – Services coordinated by a nurse practicing within his/her scope of licensure.

Organizational Determination – the initial denial of a requested service or the payment of a service.

OSR – Outside Service Request form.

PCP - Primary Care Physician. A physician, such as family practice, internal medicine, or pediatrician, who is responsible for the overall management of a member's health care. During pregnancy, the member's obstetrician assumes the role PCP for the term of the pregnancy and postpartum care.

Personal Care – Provides assistance with essential personal physical needs provided in the member's home.

Program Contractor – Health Plan approved by AHCCCS to administer ALTCS and/or AHCCCS programs.

Quality Management (QM) - A methodology used by professional health personnel that reviews the degree of conformance to desired medical standards, practices and activities designed to improve and maintain quality service and care, performed through a formal program with involvement of multiple organizational components and committees.

QMB - Qualified Medicare Beneficiaries, sometimes referred to as "dual eligible qualified Medicare beneficiaries". A person entitled to Medicare Part A, meeting certain criteria income, resource, and residency requirements of the Qualified Medicare Beneficiary Program, and who has also been determined categorically eligible (Title XIX) for full AHCCCS benefits. Referred to as QUIMBYS, this group is entitled to additional services not covered for other federal and state groups, such as limited chiropractic, inpatient psychiatric services, psychologist services, inpatient and outpatient occupational therapies, and respite care.

Rate Code - An alpha/numeric classification that identifies the member's eligibility category status.

Reconsideration – a review of an adverse organization determination (a decision that is unfavorable to the enrollee in whole or part) by either the health plan or an independent review entity.

Glossary of Terms cont.

Respite Services – Provides short-term care for the client's usual caregiver.

SAF – Service Authorization Form.

SOC – Share of Cost. The amount an MLTCP member may have to contribute toward the cost of long term care services. SOC is based on income, expenses and living arrangement.

SNF – Skilled nursing facility

Specialist - A board eligible or certified physician who declares himself/herself as a specialist and practices a specific medical specialty.

SSI - Supplemental Security Income under the Title XVI of the Social Security Act, as amended.

Supportive Residential Living – Provides assistance when necessary in private apartments.

Transportation – Provides transportation to and from medically necessary appointments.

UB92 - A billing form used for hospital inpatient, outpatient, and emergency room services. Services provided by a skilled nursing facility are also billed on a UB92.

Urgently Needed Services – covered services provided when an enrollee is temporarily absent from the MIHS-HP service area when such services are medically necessary and immediately required.

Utilization Management - Systematic means for reviewing and managing members' use of medical care services and providers' use of medical care resources.

Vent Adult Foster Care – Adult Foster Care for ventilator dependent clients.